

| Class | | Subclass | | ISSUE CLASSIFICATION | | | | | | | |
|---|--|-------------------------|--|----------------------|--|------------------|--|------------------------|--|---------------------|--|
| UTILITY SERIAL NUMBER 08/780507 | | | | PATENT DATE | | PATENT NUMBER | | | | | |
| SERIAL NUMBER 08/780,507 | | FILING DATE 01/08/97 | | CLASS 525 | | SUBCLASS | | GROUP ART UNIT 1501 | | EXAMINER Redbird | |
| MARIO D. ELLUL, SILVER LAKE VILLAGE, OH; DONALD R. HAZELTON, HUDSON, OH. | | | | | | | | | | | |
| **CONTINUING DATA***** | | | | | | | | | | | |
| VERIFIED THIS APPLN IS A CIP OF 08/619,135 03/20/96 ABN | | | | | | | | | | | |
| WHICH IS A CON OF 08/390,906 02/16/95, ABN | | | | | | | | | | | |
| WHICH IS A CON OF 08/206,984 03/04/94, ABN | | | | | | | | | | | |
| **FOREIGN/PCT APPLICATIONS***** | | | | | | | | | | | |
| VERIFIED | | | | | | | | | | | |
| FOREIGN FILING LICENSE GRANTED 03/18/97 | | | | | | | | | | | |
| Foreign priority claimed 35 USC 119 conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | | | | | | | | | | |
| Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Initials | | | | | | | | | | | |
| AS FILED | | | | | | | | | | | |
| STATE OR COUNTRY OH | | | | | | | | | | | |
| SHEETS DRWGS. 0 | | | | | | | | | | | |
| TOTAL CLAIMS 10 | | | | | | | | | | | |
| INDEP. CLAIMS 2 | | | | | | | | | | | |
| FILING FEE RECEIVED \$770.00 | | | | | | | | | | | |
| ATTORNEY'S DOCKET NO. 9427C | | | | | | | | | | | |
| ADDRESS WILLIAM A SKINNER ADVANCED ELASTOMER SYSTEMS, 388 SOUTH MAIN STREET AKRON OH 44311-1059 | | | | | | | | | | | |
| TITLE TRANSLUCENT THERMOPLASTIC ELASTOMERS | | | | | | | | | | | |
| U.S. DEPT. OF COMM./ PAT. & TM—PTO-436L (Rev.12-94) | | | | | | | | | | | |
| PARTS OF APPLICATION FILED SEPARATELY | | | | | | | | | | | |
| Applications Examiner | | | | | | | | | | | |
| NOTICE OF ALLOWANCE MAILED | | | | | | | | | | | |
| CLAIMS ALLOWED | | | | | | | | | | | |
| Total Claims | | | | | | | | | | | |
| Print Claim | | | | | | | | | | | |
| Assistant Examiner | | | | | | | | | | | |
| ISSUE FEE | | | | | | | | | | | |
| Amount Due | | | | | | | | | | | |
| Date Paid | | | | | | | | | | | |
| DRAWING | | | | | | | | | | | |
| Sheets Drwg. | | | | | | | | | | | |
| Figs. Drwg. | | | | | | | | | | | |
| Print Fig. | | | | | | | | | | | |
| ISSUE BATCH NUMBER | | | | | | | | | | | |
| Label Area | | | | | | | | | | | |
| PREPARED FOR ISSUE | | | | | | | | | | | |
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